

BAR CODE LABEL



U.S. PATENT APPLICATION

SERIAL NUMBER

08/485,070

FILING DATE

06/07/95
RULE 60

CLASS

369

GROUP ART UNIT

2516

APPLICANT

KURT W. GETREUER, COLORADO SPRING, CO.

CONTINUING DATA***

VERIFIED

THIS APPLN IS A DIV OF 08/420,380 04/11/95
WHICH IS A CIP OF 08/376,882 01/25/95
WHICH IS A CIP OF 08/105,866 08/11/93 ABN
WHICH IS A CON OF 07/657,155 02/15/91 PAT 5,265,079

FOREIGN/PCT APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 03/01/96

STATE/OR
COUNTRY

CO

SHEETS
DRAWING

0

TOTAL
CLAIMS

1

INDEPENDENT
CLAIMS

1

FILING FEE
RECEIVED

\$860.00

ATTORNEY DOCKET NO.

37436.D-1

ADDRESS

ROBERT T BRAUN
DISCOVISION ASSOCIATES
PO BOX 19616
IRVINE CA 92713

TITLE

OPTICAL DISC SYSTEM

This is to certify that annexed hereto is a true copy from the records of the United States
Patent and Trademark Office of the application which is identified above.

By authority of the
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



Bib Data Sheet

CONFIRMATION NO. 5214

SERIAL NUMBER 08/485,070	FILING DATE 06/07/1995 RULE 1.60	CLASS 369	GROUP ART UNIT 2653	ATTORNEY DOCKET NO. 37436.D-1
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APPLICANTS

KURT W. GETREUER, COLORADO SPRING, CO.

** CONTINUING DATA *****

This application is a DIV of 08/420,899 04/11/1995 PAT 5,677,899
which is a CIP of 08/376,882 01/25/1995 PAT 5,729,511

** FOREIGN APPLICATIONS *****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS

22887
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2355 MAIN STREET, SUITE 200
IRVINE, CA
92614

TITLE

OPTICAL DISC SYSTEM

Title change paper #23/c

FILING FEE RECEIVED 2856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input checked="" type="checkbox"/></td><td>All Fees</td></tr><tr><td><input checked="" type="checkbox"/></td><td>1.16 Fees (Filing)</td></tr><tr><td><input checked="" type="checkbox"/></td><td>17 Fees (Processing Ext. of time)</td></tr><tr><td><input checked="" type="checkbox"/></td><td>1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/></td><td>Other _____</td></tr><tr><td><input type="checkbox"/></td><td>Credit _____</td></tr></table>	<input checked="" type="checkbox"/>	All Fees	<input checked="" type="checkbox"/>	1.16 Fees (Filing)	<input checked="" type="checkbox"/>	17 Fees (Processing Ext. of time)	<input checked="" type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit _____
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